



Missouri Ethics Commission (MEC)
 P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov
Statement of Committee Organization

Office Use:
 C201096

1. Statement Information

Date: 01/09/2020
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Tax Fairly
 Name of Committee
12174 Ben Brook Road Des Peres, MO 63122 (314) 422-0393
 Committee Mailing Address, City, State, & Zip Telephone Number
 [REDACTED] St. Louis County Board of Elections
 Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee
 Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

<u>Martin Bennet</u> Treasurer's Name (First & Last)	<u>[REDACTED]</u> Treasurer's Email Address (optional)
<u>12174 Bent Brook Road Des Peres, MO 63122</u> Treasurer's Mailing Address, City, State, & Zip	<u>(314) 422-0393</u> Phone 1 Phone 2
_____ Deputy Treasurer's Name (if one appointed)	<u>[REDACTED]</u> Deputy Treasurer's Email Address (optional)
_____ Deputy Treasurer's Mailing Address, City, State, & Zip	_____ Phone 1 Phone 2

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any) _____
 Additional Committee Officer's Mailing Address, City, State, & Zip

 Connected Organization's Name (if any) _____
 Connected Organization's Mailing Address, City, State, & Zip
 CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

<u>[REDACTED]</u> Name & Mailing Address, City, State, & Zip of Financial Institution	<u>[REDACTED]</u> Account Name	<u>[REDACTED]</u> Account Number
------------------------------------------------------------------------------------------	-----------------------------------	-------------------------------------

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

_____ Name & Mailing address, City, State, & Zip of Candidate	_____ Phone 1	_____ Phone 2
_____ Election Date	_____ Office Sought & Political Subdivision	_____ Political Party
		_____ Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

<u>Kirkwood School District Bond Issue</u> Name of Ballot Measure	<u>04/07/2020, Kirkwood R-VII School District</u> Election Date & Political Subdivision	<u>Oppose</u> Support or Oppose
----------------------------------------------------------------------	--------------------------------------------------------------------------------------------	------------------------------------

8. Signature(s) Check certification(s) & sign (required by all committees)

affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.
ELECTRONICALLY FILED Jan 9 2020 10:02 AM _____
 Committee Treasurer Candidate (Candidate Committees Only)